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COVER LETTER

| TO: Amendment Section Division of Corporations | | |
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| SUBJECT: AURFIN, INC. (Name of corporation) | | |
| DOCUMENT NUMBER: 7990000 888 54 | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | |
| Please return all correspondence concerning this matter to the following: | | |
| Luisa Landriani (Name of contact person) | | |
| AURFIN, INC. (Firm/Company) | | |
| 1666 Kennedy Causeway # 507 (Address) | | |
| Miami Beach FL 33141 (City/state and zip code) | | |
| For further information concerning this matter, please call: | | |
| Luisa Landriani at (305) 868-5788 (Name of contact person) (Area code & daytime telephone number) | | |
| Enclosed is a \$35,00 check made payable to the Department of State. | | |
| Mailing Address: Street Address: Amendment Section Amendment Section | | |

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of the corporation: Aurrin, Inc. |
| 2. The principal office address: 1666 Kennedy Causeway # 50] |
| Miami Beach, FL 33141 |
| 3. The mailing address (if different): N 1/12 |
| 4. Date of incorporation/qualification: \0/07/1999 Document number: \\\ \alpha \overline{885} \\ |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: |
| Chandler Finley |
| 150 SE 2nd, # 310 |
| MIAMI, FL 33131 |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): BALWANT Cheewa B301 NW 197 Street (P.O. Box NOT acceptable) Mianni. FL 33015 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. |
| Paolo Bolici - President (Suprature of an office of discount) |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Signature of Registered Agent) 9-6-05 |
| If signing on behalf of an entity: |

* * * FILING FEE: \$35.00 * * *

(Typed or Printed Name)